

Dilks | & | Knopik

NOTICE OF ASSIGNMENT

For good and valuable consideration, the undersigned, Dana Hargrove for herself and as surviving spouse to Addis W. Hargrove ("Assignor"), hereby, assigns, conveys and transfers over and unto Dilks & Knopik, LLC ("Assignee"), any and all of right, title and interest in and to the below referenced funds/claim(s).

The Assigned funds/claim(s):

Debtor: Life Partners Holdings, Inc.
Court: United States Bankruptcy Court - Northern District of Texas
Case Number: 4:15-bk-40289
Chapter: 11
Original Creditor: Addis W. & Dana Hargrove

FUNDS/CLAIM(S) ARE BEING ASSIGNED "AS-IS, WHERE-IS" WITH NO WARRANTIES OR REPRESENTATIONS WHATSOEVER, EXCEPT AS EXPRESSLY PROVIDED IN THE ASSIGNMENT AGREEMENT, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, the parties hereto have caused this notice of assignment to be executed as of the Friday, December 09, 2022.

Dana Hargrove


Signature

Texas **DRIVER LICENSE** USA TX

Dan McLean DIRECTOR

4d DL [REDACTED] 5864 9 Class C
4a Iss 05/10/2016 4b Exp 06/05/2022
3 DOB [REDACTED] 1942
1 HARGROVE
2 DANA EDWARDS
8 [REDACTED]

12 Restrictions A 13 End NONE
16 Hgt 5-08 15 Sex F 14 Eyes BLU
5 DD [REDACTED] 899

Dana Edwards



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Feb 27 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-039832

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
ADDIS WAYNE HARGROVE		FEBRUARY 17, 2021	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)
MALE	1941	79	DAINGERFIELD, TX
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)
1330	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		DANA EDWARDS
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.	10c. CITY OR TOWN
2613 WILD IVY CT			MANSFIELD
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
TARRANT	TEXAS	76063	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE		12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE	
D. W. HARGROVE		MARY ELIZABETH FOMBY	
13. PLACE OF DEATH (CHECK ONLY ONE)			
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (If outside city limits, give precinct NO.)	16. FACILITY NAME (If not institution, give street address)	
DALLAS	DALLAS, 75203	METHODIST DALLAS MEDICAL CENTER	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
DAVID HARGROVE - SON		2600 GREENBRIAR DR, MANSFIELD, TX 76063	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. <input type="checkbox"/> Unknown
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		CHRISTIE K. MOORE, BY ELECTRONIC SIGNATURE - 112216	Section _____ Block _____ Lot _____ Space _____
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)	
ALPHA CREMATION SERVICE		GRAND PRAIRIE, TX	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
MANSFIELD FUNERAL HOME		1556 HERITAGE PARKWAY, MANSFIELD, TX 76063	
26. CERTIFIER (Check only one)			
<input checked="" type="checkbox"/> Certifying Physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.			
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER
AMIT MANN, BY ELECTRONIC SIGNATURE		FEBRUARY 22, 2021	M9480
30. TIME OF DEATH (Actual or presumed)		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)	
10:53 PM		AMIT MANN 221 W. COLORADO BLVD. PAV. II, SUITE 525, DALLAS, TX 75208	
32. TITLE OF CERTIFIER		33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.	
MD		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. NONTRAUMATIC INTRACEREBRAL HEMORRHAGE OF BASAL GANGLIA Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____	
34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF DEATH			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
37. DID TOBACCO USE CONTRIBUTE TO DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. IF FEMALE:			
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year			
39. IF TRANSPORTATION INJURY, SPECIFY:			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40e. LOCATION (Street and Number, City, State, Zip Code)			
40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR	
		Tara Das	

EDR NUMBER 00554444865178

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Mar 08 2021

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

TARA DAS
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

